

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Vagal Nerve Stimulation Techniques For
Treatment Of Epileptic Seizures

Attorney Docket Number::

011738.00144

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

11

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 4005 West 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 2513 Via Linda Drive
City of mailing address:: Lawrence

State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66047

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Continuation of | 10/053,425 | 11/09/01 |
| 10/053,425 | Continuation of | 09/302,516 | 04/30/99 |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway NE
City of mailing address:: Minneapolis
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55432-5604